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PUBLIC HEALTH ADVISORY

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Case of Congenital Syphilis in Maine and Recommendations for Prevention

Summary

The Maine Center for Disease Control and Prevention (Maine CDC) recently received notification of a case of congenital syphilis (CS). This is the first case of CS reported in Maine in 2025. Per [American College of Obstetrics and Gynecology \(ACOG\) guidelines](#), all pregnant persons should be tested for syphilis at least once during pregnancy, ideally at the first prenatal visit, and tested again during the third trimester and at birth. Adequate and timely treatment of syphilis in pregnant persons is 98% effective in preventing CS.

Background

This is the first case of CS reported in Maine since 2023. Two infants were born with CS in Maine in 2023 and three in 2022. Prior to 2022, there had not been a case of CS in Maine in nearly 30 years.

U.S. Centers for Disease Control and Prevention (U.S. CDC) [syphilis surveillance data for 2023](#) (the most recent year available) demonstrate concerning increases in CS and syphilis among women of childbearing age. During 2014 to 2023, the number of CS cases in the United States increased 740% (462 to 3,882 cases), concurrent with a 499% increase in the rate of syphilis (all stages) among women aged 15 to 44 years and a 581% increase in the rate of primary and secondary syphilis among women aged 15 to 44 years. In 2023, the most common missed prevention opportunity among birth parents of infants with CS was lack of testing for syphilis at least once during pregnancy (43%), followed by no treatment or non-documented treatment (23%). These missed opportunities for prevention of CS correspond to critical elements in the cascade of care for syphilis in pregnancy, including timely screening and adequate and timely treatment. Barriers at each step are multifactorial and are frequently related to syndemics such as substance use disorder along with structural and systemic issues such as housing status and health care access. These issues also extend beyond the capacity of individual providers to address, and require focused, multi-stakeholder policy interventions.

CS occurs when a pregnant person with syphilis passes the infection to the fetus during pregnancy. This can happen during any stage of syphilis and any trimester of pregnancy; the risk of transmission is highest if the pregnant person has been infected recently. Adequate treatment is defined as completion of a penicillin-based regimen, in accordance with [U.S. CDC treatment guidelines](#), appropriate for stage of infection, initiated 30 or more days before delivery. Due to a recent [recall of Bicillin L-A](#), the Maine CDC is currently recommending that health care providers consider using doxycycline for syphilis treatment in non-pregnant persons and preserving Bicillin L-A for treatment of pregnant persons, as penicillin is the only recommended treatment for pregnant persons. See the recent HAN, [Bicillin L-A Recall and Recommendations for Syphilis Treatment](#), for more information.

Recommendations for Clinicians

Testing

- Per [American College of Obstetrics and Gynecology \(ACOG\) guidelines](#), all pregnant persons should be tested for syphilis at least once during pregnancy, ideally at the first prenatal visit, and tested again during the third trimester and at birth.
- Pregnant people should be tested for syphilis, HIV, hepatitis B, hepatitis C, and other STIs, whenever they present for care and especially when they present to emergency departments and urgent care centers, jails or other carceral settings, substance use disorder treatment facilities, and labor and delivery units, according to the [Maine CDC](#).
- Test for syphilis regardless of known pregnancy status among people who are experiencing homelessness, exchange money or drugs for sex, or use methamphetamine, heroin, or cocaine by any route, when they present for care, including and especially in emergency rooms and urgent care centers, jails or other carceral settings, and substance use disorder treatment facilities.
 - Persons of childbearing potential diagnosed with syphilis should receive a pregnancy test.
 - Persons who are not pregnant and who do not desire pregnancy should be asked about, offered, or referred for contraception.
- Sexual partners of pregnant persons with syphilis should be evaluated, tested, and treated for syphilis.
- Persons who experience a stillbirth after 20 weeks of pregnancy should be tested for syphilis.
- Infants should not be discharged from the hospital until there is documentation that the birthing person has been tested for syphilis at least once during pregnancy.

Treatment

- Penicillin G, administered parenterally, is the preferred drug for treating patients in all stages of syphilis. The preparation used (i.e., benzathine, aqueous procaine, or aqueous crystalline), dosage, and length of treatment depend on the stage and clinical manifestations of the disease. Longer treatment duration is required for persons with latent syphilis of unknown duration to ensure that those who did not acquire syphilis within the preceding year are adequately treated. See the [U.S. CDC treatment guidelines](#) for more information.
- Partners of pregnant persons should, at a minimum, be presumptively treated for syphilis. Ideally partners should be evaluated for syphilis by a health care provider and treated appropriately.
- Pregnant persons with a penicillin allergy should be desensitized and then treated with penicillin, which is the only known effective antimicrobial for preventing transmission to the fetus.
- Health care providers should review the [recall notice](#) from Pfizer to determine if your lots of Bicillin L-A are impacted and follow guidance issued by the manufacturer. Monitor your supply of Bicillin L-A and forecast your need. Contact Pfizer to request product through their [Medical Request Process](#).
 - Consider using doxycycline for syphilis treatment in non-pregnant persons and preserving Bicillin L-A for treatment of pregnant persons, as penicillin is the only recommended treatment for pregnant persons.
 - The U.S. Food and Drug Administration (FDA) has approved the importation of [Extencilline](#) and [Lentocilin](#) to address ongoing shortages of Bicillin L-A. Extencilline has been determined to be equivalent to Bicillin L-A and is currently authorized and marketed in other countries. Please note that the preparation and administration of Extencilline, and the contraindications for prescribing, differ from those for Bicillin L-A.
 - If you are unable to obtain Bicillin L-A to treat pregnant patients with syphilis, please contact the Maine CDC at 800-821-5821.

Management

- When syphilis is diagnosed during the second half of pregnancy:

- Management should include a sonographic fetal evaluation for CS. However, this evaluation should not delay therapy.
- Education should include advising patients to seek obstetric care after treatment if they notice fever, contractions, or decrease in fetal movements, as patients are at risk for premature labor or fetal distress if the treatment precipitates the Jarisch-Herxheimer reaction. Stillbirth is a rare complication of treatment and concern for this complication should not delay necessary treatment.
- If syphilis is diagnosed and treated at or before 24 weeks gestation:
 - Serologic titers should be repeated at delivery, but not before 8 weeks after treatment.
 - Titters should be repeated sooner if reinfection or treatment failure is suspected.
- For syphilis diagnosed and treated after 24 weeks gestation:
 - Serologic titers should be repeated at delivery.
- Neonates born to a person with syphilis should receive follow-up examinations and treatment in accordance with [U.S. CDC Treatment Guidelines](#).

Additional Care

- Ask about ongoing risk behaviors of pregnant persons and their partner(s) to assess the risk for reinfection and offer repeat STI testing, including HIV testing, as needed.
- The Maine CDC currently recommends [HIV testing every 3 months](#) for all persons in Maine with ongoing exposure risk. This interim recommendation is related to the ongoing HIV outbreak in Penobscot County, and it applies statewide because the outbreak indicates an elevated level of risk across additional groups and locations.
- Refer patients with syphilis who use or have used substances in the preceding 12 months to behavioral health services.

Resources

- The Maine CDC Syphilis Information: <https://www.maine.gov/dhhs/mecdc/diseases-conditions/sexually-transmitted-diseases/syphilis>
- U.S. CDC STI Treatment Guidelines: <https://www.cdc.gov/std/treatment-guidelines/default.htm>
- STD Clinical Consultation Network: <https://www.stdccn.org/controller/Public/AddPublicConsultRequestStep1>